

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name W. T. "TED" MAYHALL, JR.

Full Address 8417 CEDARBRUSH DRIVE SOUTHAVEN, MS. 38671

Telephone 662 393-2069 ^{CELL} 901 734-9540 (Fax) _____

E-mail tmayhall@mail.house.STATE.MS.US

Office Sought DISTRICT 40 MS HOUSE OF REPRESENTATIVE Political Party REPUBLICAN

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

(itemized + non-itemized) This Period Calendar year-to-date

Total amount of contributions	1,050.00	\$	1,050.00	\$	1,050.00
Total amount of disbursements	540.00	\$	540.00	\$	540.00
Total amount of cash on hand		\$	4260.00		

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

W. T. "Ted" Mayhall, Jr.
Signature of Candidate

JAN. 29, 2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED

JAN 29 2010

Secretary of State
Capital Office

Name of Candidate or Committee W. T. "TED" MAYHALL, JR.Reporting period JAN. 1, 2009 through DEC. 31, 2009

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GEORGIA PACIFIC FINANCIAL MANAGEMENT LLC</u> 866 249-1314		<u>4 1 9 1 0 9</u>	\$ <u>250.⁰⁰</u>
Mailing Address <u>P.O. Box 61270</u>		<u> 1 1 </u>	\$
City, State, Zip Code <u>PHOENIX, AZ 85082-1270</u>		<u> 1 1 </u>	\$
Name of Employer (Required) <u>VENDOR NUMBER 358101 CK# 907570113</u>		<u> 1 1 </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSISSIPPI BAIL AGENTS ASSOCIATION</u> 601 899-8599		<u>10 1 5 1 0 9</u>	\$ <u>400.⁰⁰</u>
Mailing Address <u>413 So. PRESIDENT ST. SUITE 111</u>		<u> 1 1 </u>	\$
City, State, Zip Code <u>JACKSON, MISSISSIPPI 39201</u>		<u> 1 1 </u>	\$
Name of Employer (Required) <u>PATTY HODGES</u> CK# 2262		<u> 1 1 </u>	\$
Occupation (Required) <u>EXECUTIVE VICE PRESIDENT (CHRISTOPHER A. WILLIAMS)</u>		Aggregate year-to-date	\$ <u>400.⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T MISSISSIPPI POLITICAL ACTION COMMITTEE</u>		<u>11 1 30 1 0 9</u>	\$ <u>200.⁰⁰</u>
Mailing Address <u>175 EAST CAPITOL STREET, SUITE 702</u>		<u> 1 1 </u>	\$
City, State, Zip Code <u>JACKSON, MS 39201-2135</u>		<u> 1 1 </u>	\$
Name of Employer (Required) <u>RANDY RUSSELL</u> CK# 7305		<u> 1 1 </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>200.⁰⁰</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MISSISSIPPI POWER COMPANY STATE PAC</u> 228 865-5011		<u>12 1 24 1 0 9</u>	\$ <u>200.⁰⁰</u>
Mailing Address <u>POST OFFICE BOX 4079</u> 2992 W. BEACH BLVD.		<u> 1 1 </u>	\$
City, State, Zip Code <u>GULFPORT, MISSISSIPPI 39502-4079</u>		<u> 1 1 </u>	\$
Name of Employer (Required) <u>JOHN W. ATHERTON ATHERTON</u> CK# 2904		<u> 1 1 </u>	\$
Occupation (Required) <u>CHAIRMAN</u>		Aggregate year-to-date	\$ <u>200.⁰⁰</u>

Name of Candidate or Committee W. T. "TED" MAYHALL, JR.Reporting period JAN 1, 2009 through DEC. 31, 2009

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$